



HCBS Frail Elderly

EES and TCM-FE Interaction

August 2009

EES and TCM-FE Interaction – Working Together for the Customers

August 2009

- **Freedom of choice of Case Management Entity (CME):**
 - Targeted Case Management (TCM) was opened up to providers outside of the Area Agencies on Aging to comply with federal guidelines
 - EES should offer choice to the customer if more than one CME is available in the customer's area
 - It is the CME's responsibility to market and let entities such as SRS know in which counties they will provide TCM-FE services
 - However, for a listing of available CMEs and the counties they serve, see the handouts or visit KDOA's public website at:
<http://www.agingkansas.org/Choices/Programs/CaseMgmtEntities.htm>
- **Home and Community Based Services Frail Elderly Customer Snapshots:**
 - Customer is a 93 year old widow living alone in her home. Family keeps in touch by calling her weekly to check on how she is doing. Customer relays to family that she doesn't have the strength to stand long enough to fix meals so she just snacks through the day and has been losing weight. Family is concerned with her well being and contacts the local case management entity to check on available in-home services. After a targeted case manager makes a home visit and completes the assessment of customer needs the customer is set up with home delivered meals. Once Medicaid determination has been established attendant care services to assist with housekeeping and personal care needs are set up and initiated. This much needed support in the home will allow the customer to remain living in her home and prevent her from moving into a nursing facility.
 - Customer is an 86 year old living in an assisted living facility. Due to a recent stroke the customer has recently left his farm of more than 50 years to be nearer to his daughter. The customer has had a difficult time adjusting to leaving the farm and acclimating to living in town. Family visits as often as they are able. The customer needs help with bathing, dressing, toileting, meal preparation, laundry, and housekeeping. After several months of private pay at the assisted living facility the customer has spent down his resources and is faced with the decision of applying for Medicaid. The family contacts the local case management entity for assistance with applying for HCBS/FE services. The targeted case manager assists them to complete the Medicaid application and to gather all the necessary documents. It is a stressful time for the family as they are not familiar with the processes and protocols relating to applying for and receiving in-home services. The targeted case manager and SRS eligibility worker are key in making this transition to HCBS/FE services successful.

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- **Home and Community Based Services Frail Elderly Customer Situations:**
 - Customer was living in a nursing facility and was making arrangements to move to assisted living once approved for Medicaid. The customer applied for Medicaid in April it was early June when EES contacted the TCM to inform them the determination was almost final. The customer made the decision to move out of the nursing facility July 1st. The TCM contacted EES mid June to check on the status of the determination, it was July 7th before EES responded and notification was sent to the TCM showing Medicaid eligibility.
 - Even though the customer moved into the assisted living July 1st their HCBS/FE services must be prior authorized after Medicaid eligibility is determined so the customer was responsible for privately paying for the first several days of July.
 - Customer was living in an assisted living facility and depleted her resources. The customer was initially denied Medicaid eligibility the first part of July due to over resources to which the family submitted current bank statements to EES mid July. The TCM came across Medicaid eligibility showing on the system at the end of July. TCM did not receive notification from EES regarding eligibility.
 - Since Medicaid eligibility was entered on the system by EES and the TCM was not notified of the determination HCBS/FE services were not prior authorized as soon as they could have been.
 - Remember HCBS/FE services cannot be authorized until the TCM has been notified of eligibility and services are never back dated. This lack of communication forced the customer to private pay for an additional 10 days of assisted living services.
 - Customer is interested in receiving HCBS/FE services. Contact is made with the CME to begin the assessment process. The TCM can see per the KMAP website that the customer is coded for Medically Needy. The TCM sent an ES-3160 to EES and must wait for a response before HCBS/FE services may be initiated.
 - Before HCBS/FE services may begin the customer's eligibility must show Medicaid (TXIX), the HC/FE benefit plan eligibility, and the HC/FE Level Of Care coding.

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- **Kansas Aging Management Information System (KAMIS)**
 - KAMIS is Kansas Department on Aging's (KDOA) web application that the field uses to enter all customer related data, including assessment information and POC information.
 - The CME staff will enter the POC information into KAMIS and pend the POC to KDOA for approval
 - Once a POC for a new customer is received the KDOA POC Approver will access MMIS to verify that the customer is showing the three required fields before a POC may be approved: TXIX eligibility, the HC/FE benefit plan eligibility, and the HC/FE Level Of Care coding
 - If all eligibility fields are properly showing in MMIS the KDOA POC Approver will approve the POC
 - If the eligibility fields are not properly showing in MMIS the POC will be pended back to the CME for follow up with EES – this may lead to a delay in getting services to the customer
 - Once the POC is approved by KDOA the information crosses to MMIS and creates a Prior Authorization in which claims will process against
 - CMEs have access to and use KAMIS but do not have direct access to MMIS
- **How EES' work interacts with TCMs' work:**
 - All new customer Plans of Care (POC) require prior authorization after verification of eligibility
 - HCBS/FE POCs cannot be back dated, so it is essential that Medicaid applications for new HCBS customers are processed within policy timelines to avoid a delay in services
 - If EES determines a customer Medicaid eligible September 1st and HC/FE benefit plan and HC/FE LOC shows eligible September 12th the POC may only begin once the TCM is notified
 - If EES notifies the TCM of the above eligibility September 12th the HCBS/FE services may begin September 12th or after
 - If EES notifies the TCM of the above eligibility October 3rd the HCBS/FE services may begin October 3rd or after
 - Closure of TXIX due to the customer's failure to return the annual redetermination application or other reason will result in the TCM closing out HCBS/FE services
 - The TCM will not be able to re-open the case until they are notified that TXIX eligibility has been re-established
 - If the TCM is notified on August 18th of the closure to be effective September 1st, the HCBS/FE case will close September 1st
 - If the TCM is notified prior to August 31st that the case will remain open they can reopen the HCBS/FE case with no service interruption
 - If the TCM is notified September 23rd that the case will reopen (dated back to September 1st for TXIX) they can upon receiving notification reopen the HCBS/FE case Sept 23rd causing a gap in services
 - Use of back dating Medicaid eligibility three months for prior medical will not cover HCBS services, unlike other Long Term Care programs like NF

EES and TCM-FE Interaction – Working Together for the Customers

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- Very essential that once the EES receives the ES-3160 from TCM that eligibility be established in a timely manner
 - POC cannot be approved until the MMIS shows the TXIX eligibility, the HC/FE benefit plan eligibility, and the HC/FE Level of Care coding
 - Effective dating cannot be approved until MMIS shows TXIX or the TCM sends KDOA the ES-3160 showing confirmed TXIX eligibility
- Refer to **Timeline** for establishing HCBS and POC approval

Applicants residing in Adult Care Homes, such as Assisted Living Facilities or Residential Health Care Facilities, often are in the process of spending down assets before applying for Medicaid. They cannot apply too early as would be denied eligibility due to excess assets. Important that their applications are processed timely to prevent incurring large private pay bills that customers unable to afford and to prevent facilities from being faced with the decision of discharging the customer for failure to pay.

- **Client Obligations**
 - Please adjust only future month's obligation when medical receipts are received. Retro-active client obligation changes affect both the TCM and providers. The provider must either refund or adjust the next months billing. This can be particularly difficult, if the provider has already billed Medicaid for their services and received re-imbursement.
 - Always be sure EES notifies the TCM using the ES-3161 of changes to a customer's client obligation prior to the change occurring for the same reasons cited above.
 - TCMs often learn of a change in the client obligation, when a provider contacts them about claims not being paid

In regards to new customers, the TCM cannot open an HCBS case for a customer if the client obligation exceeds the cost of care on an ongoing basis. This is another reason, why POCs require prior authorization and services cannot begin prior to approval. Since the client obligation may determine whether or not a customer would be eligible.

- **Temporary Care (TC) Coding - Interruption of Services**
 - When customer enters NF for a temporary stay they are coded TC/FE, so that both NF and HCBS may bill, with personal emergency response being the only allowable service to be billed
 - Communicate, Communicate, Communicate -- The targeted case manager and SRS eligibility worker must work together with the NF when determining the anticipated length of stay
 - Don't just switch the customer's coding from HC/FE to SN/NF without having conversations with the targeted case manager
 - HCBS/FE is allowed to remain open for the month of admittance plus the following two months

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- **Billing for initial functional assessments:**
 - CMEs cannot bill for assessment until they receive determination of Medicaid eligibility from EES per the ES-3160.
 - Assessment is now part of the TCM service, only assessment for TXIX eligible individuals may be billed through TCM-FE. CMEs will bill assessments for non-TXIX individuals through state general funds (TCM-SGF). Therefore the TCM needs to receive an ES-3160 with determination outcome to dictate how to bill for the assessment.
 - Also, the TCM is limited to performing only Assessment and certain Plan of Care development activities for the customer until they receive a ES-3160 stating that the customer is TXIX eligible
- **How TCMs' work interacts with EES' work:**
 - **Initial referral for services** – Customers may be referred to the CME for HCBS/FE assessment from multiple sources: SRS, APS, providers, self, family, etc.,
 - Upon receiving a referral for functional assessment for HCBS/FE the TCM has 6 days to complete the Uniform Assessment Instrument(UAI), unless otherwise requested by customer
 - The Medicaid application and UAI may be completed during the same timeframe
 - The TCM is required to notify SRS per the ES-3160:
 - that the customer is functionally eligible for HCBS-FE,
 - the date that the customer chooses HCBS-FE services(choice date),
 - the monthly cost of services, and
 - the start date of services
 - The start date of services is dependant upon the TCM receiving an ES-3160 from SRS indicating TXIX eligibility and HCBS case opened.
 - The TCM will often use the choice date as the start date, as the assumption is that the customer wants services to begin as soon as possible. Also if the TCM puts a later date, especially if the date is in the month following the assessment, SRS may not establish TXIX eligibility until the month of the start date listed on the ES-3161 and then targeted case management services cannot be billed through Medicaid.
 - **POC Implementation:**
 - Per KDOA's Field Service Manual "The TCM shall complete the Plan of Care and implement service delivery within (7) working days from the TCM's completed functional eligibility determination and receipt of the customer's financial eligibility determination from the SRS Medicaid Eligibility Worker. It is the TCM's responsibility to have documentation via the ES-3160 or I006 that ensures the customer has Medicaid financial eligibility and codes that cover the effective dates of the POC(s). Failure to do so will result in the CME paying the provider(s) for services rendered."

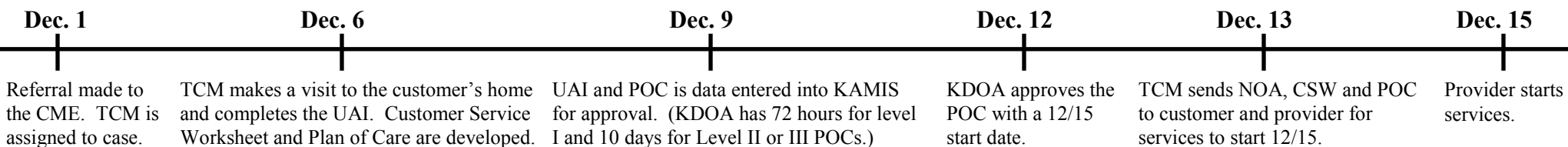
EES and TCM-FE Interaction – Working Together for the Customers

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- **Temporary Care (TC) Coding - Interruption of Services**
 - The TCM is responsible to send ES-3161s to communicate interruption of services
 - The TCM often sends the ES-3161 after the fact, as they do not always know of the interruption until after the fact
- **How EES may utilize TCM to assist with requested documentation:**
 - Good communication between the EES and TCM is important
 - The TCM can assist the customer to understand what documents are being requested and assist them in obtaining and submitting to SRS
 - TCMs may assist with the initial Medicaid application and annual re-determinations
 - Notifying the TCM that you have not received the annual re-determination or follow up requested paperwork, may allow the TCM to assist the customer to comply with your request. This is less work for EES, since the case will not have to close and re-open and benefits the customer, by not having a lapse in services.
 - If customer loses TXIX eligibility, HCBS case must close and customer must complete a new application for medical assistance
 - The TCM may have current contact information for the customer, such as change of address and telephone number. The TCM should notify EES of any change per ES-3161.
 - If unable to contact the customer, EES should contact TCM as there may have been a change. The TCM may not have known about the change, but frequently can locate the customer through emergency contact and alternate contact information.
 - The TCM may also know if the customer is temporarily unavailable due to being out of town or staying with family temporarily.
 - Once a case is open the TCM should notify EES when customer is hospitalized
 - TCMs are human too and may have failed to communicate important changes to EES
- **What TCMs are responsible for:**
 - Completing Assessments to determine if customers are functionally eligible for HCBS/FE.
 - Developing Plans of Care for needed HCBS/FE services
 - Referral and Related Activities – link customers to needed programs and community resources such as commodities, LIEP, mental health services, Homestead Tax assistance, chore services, assistive equipment, American Red Cross programs, utility payment assistance.
 - Monitoring and Follow-up Activities – contact with customers and providers to ensure the services are being provided and are adequate

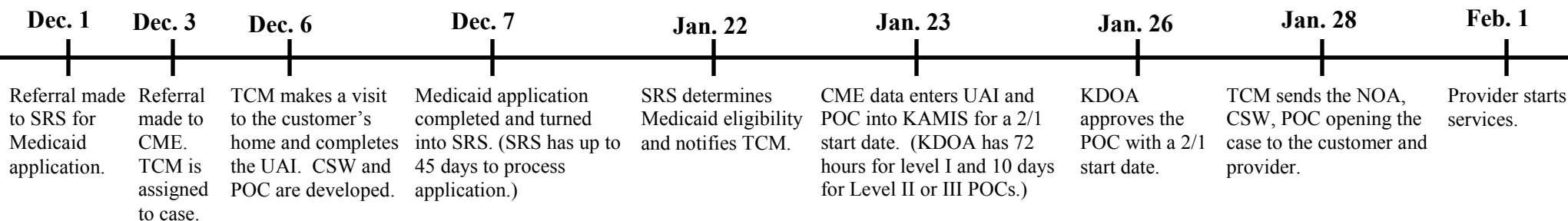
Let's keep working together –
You make a difference in the lives
of all HCBS/FE customers!!

HCBS/Frail Elderly New Customer – Medicaid Established



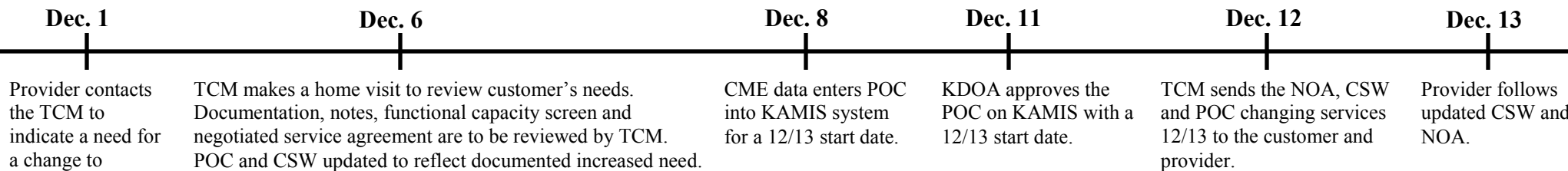
HCBS/Frail Elderly New Customer – No Medicaid Established

Approx. 53 days

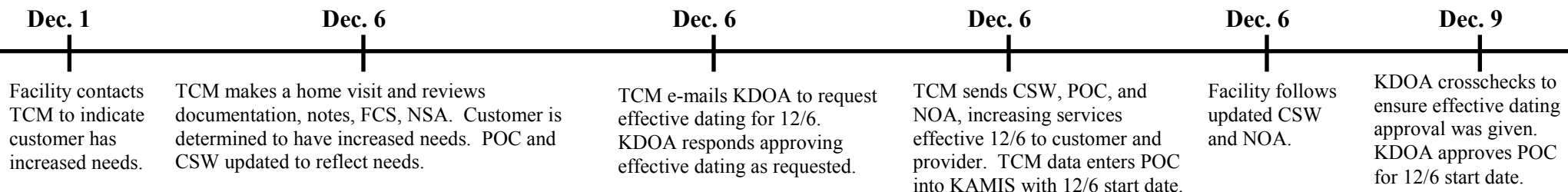


HCBS/Frail Elderly Existing Facility Customer – POC Change

Approx. 13 days



HCBS/Frail Elderly Existing Facility Customer – POC Change (qualifies for effective dating)



CASE MANAGEMENT ENTITIES

for the Frail Elderly Waiver

CME 01 – Ruth Jones
Rik VanDyke 913-573-8566
Wyandotte-Leavenworth AAA
1300 North 78th Street, Suite 100
Kansas City, Kansas 66112
913-573-8531
1-888-661-1444
Fax: 913-573-8577

CME 02 – Annette Graham
Anita Nance 316-660-5237
Central Plains AAA
2622 W. Central, Suite 500
Wichita, Kansas 67203
316-660-7298 Intake # 660-5120
1-800-367-7298
Fax: 316-660-1935

CME 03 – Greg Hoover
Tammy Deterding
Northwest Kansas AAA
510 W 29th Suite B
Hays, Kansas 67601-3703
785-628-8204
1-800-432-7422
Fax: 785-628-6096

CME 04 – Jocelyn Lyons
April Maddox
Jayhawk AAA
2910 SW Topeka Blvd
Topeka, Kansas 66611
785-235-1367
Lawrence: 785-832-0754
1-800-798-1366
Fax: 785-354-8424

CME 05 – John Green
Kristy Boaz
Southeast Kansas AAA
1 West Ash
Chanute, KS 66720-1010
620-431-2980
Pittsburg: 620-232-5944
1-800-794-2440
Fax: 620-431-2988

CME 06 – Dave Geist
Diane Lix
Southwest Kansas AAA
PO Box 1636
236 San Jose Drive
Dodge City, Kansas 67801-1636
620-225-8230
Garden City 620-275-4500
Great Bend: 620-793-6633
Liberal: 620-624-2255
Pratt: 620-672-2148
1-800-742-9531
Fax: 620-225-8240

CME 07 – Elizabeth Maxwell
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East Central Kansas AAA
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785-242-7200
1-800-633-5621
Fax: 785-242-7202

CME 08 – Julie Govert Walter
Susan Sprague
North Central/Flint Hills AAA
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Manhattan, Kansas 66502
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1-800-432-2703
Fax: 785-776-9904

CME 09 – Jim Beckwith
Jon Stallbaumer
Northeast Kansas AAA
526 Oregon
Hiawatha, Kansas 66434-2222
785-742-7152
1-800-883-2549
Fax: 785-742-7154

CME 10 – Jodi Abington
Ginny Von Cannon Ext. 120
South Central Kansas AAA
304 S. Summit
Arkansas City, Kansas 67005
620-442-0268
1-800-362-0264
Fax: 620-442-0296

CME 11 – Dan Goodman
Kim Winsor 913-715-8878
Johnson County AAA
11811 S. Sunset Drive, Suite 1300
Olathe, Kansas 66061
913-715-8800
1-888-214-4404
Fax: 913-715-8825

CME 5790 – Carolyn Stever &
Deb Kelley
Stepping Stones Unlimited
112 W 6th Ave
Emporia, KS 66801
620-342-6969
Fax: 620-342-6681

Available Case Management Entities for the HCBS/FE waiver

Name	Address	Phone Number	Counties Served
Central Plains AAA	2622 W. Central, Suite 500, Wichita, KS 67203	316-660-7298 1-800-367-7298	Butler, Harvey, and Sedgwick
East Central Kansas AAA	132 South Main Ottawa, KS 66067	785-242-7200 1-800-633-5621	Anderson, Coffey, Franklin, Linn, Miami, and Osage
Jayhawk AAA	2910 SW Topeka Blvd Topeka, KS 66611	785-235-1367 1-800-798-1366	Shawnee, Jefferson and Douglas
Johnson County AAA	11811 S. Sunset Drive, Suite 1300 Olathe, KS 66061	913-715-8861 888-214-4404	Johnson
North Central- Flint Hills AAA	401 Houston Manhattan, KS 66502	785-776-9294 1-800-432-2703	Chase, Clay, Cloud, Dickinson, Ellsworth, Geary, Jewell, Lincoln, Lyon, Marion, Mitchell, Morris, Ottawa, Pottawatomie, Republic, Riley, Saline, and Wabaunsee
Northeast AAA	526 Oregon Street Hiawatha, KS 66434	785-742-7152 1-800-883-2549	Atchison, Brown, Doniphan, Jackson, Marshall, Nemaha and Washington
Northwest Kansas AAA	510 W 29th Street, Suite B Hays, KS 67601	785-628-8204 1-800-432-7422	Cheyenne, Rawlins, Decatur, Norton, Phillips, Smith, Sherman, Thomas, Sheridan, Graham, Rooks, Osborne, Wallace, Logan, Gove, Trego, Ellis and Russell
South Central Kansas AAA	304 South Summit Arkansas City, KS 67005	620-442-0268 1-800-362-0264	Chautauqua, Cowley, Elk, Greenwood, Harper, Kingman, McPherson, Reno, Rice, and Sumner
Southeast Kansas AAA	1 W. Ash Chanute, KS 66720	620-431-2980 1-800-794-2440	Allen, Bourbon, Cherokee, Crawford, Labette, Montgomery, Neosho, Wilson, and Woodson
Southwest Kansas AAA	240 San Jose Drive Dodge City, KS 67801	620-225-8230 1-800-742-9531	Barber, Barton, Clark, Comanche, Edwards, Finney, Ford, Grant, Gray, Greeley, Hamilton, Haskell, Hodgeman, Kearny, Kiowa, Lane, Meade, Morton, Ness, Pawnee, Pratt, Rush, Scott, Seward, Stafford, Stanton, Stevens, and Wichita
Stepping Stones Unlimited	112 W 6th Ave, Emporia, KS 66801	620-342-6969	Chase, Coffey, Greenwood, Lyon, Marion, Morris, Osage, Pottawatomie, Riley and Waubunsee
Wyandotte- Leavenworth AAA	1300 North 78th Street, Suite #100 Kansas City, KS 66112	913-573-8531 1-888-661-1444	Wyandotte and Leavenworth

SCREEN SHOT of HCBS/FE Plan of Care (POC) on KAMIS:

(POC information is entered by the CME and approved by KDOA. Upon approval the information crosses to MMIS and creates a Prior Authorization (PA) to allow claims to hit and pay against.)

KAMIS ID: 200353163 Name: SMURF, COOKIE Primary PSA/ITCM: 4 SSN: 444-55-6789 Assessment Date: 07/16/2009 Medicaid#: 0011111111

POC - PLAN OF CARE [Assessment](#) [Unmet Needs](#) [Caselog](#) [Unlock & Close](#) [Open Last MMIS Transaction](#)
Standard UAI

Customer Information **Line Items** **Data Entry** **Print View** **Fast Access**

* POC Version 1 ... * POC Status APPROVED ☒ All ☐ Active ☐ Open HCBS ☐ Open Non-HCBS

Create New Poc Version

☐ Show MMIS Update

#	PSA/ITCM	EDS #	Service	S D	Funding	S C A	D i s.	Provider	U n t s.	P e r	TTL Units Mo.	Start Date	End Date	D s c g.	S t s.	E r r	MMIS Save Date	C o s t	C- p a y	Mo. Cost	Processed
1	4	-	ACCC	N	HCBS/FE	0		GENERIC ACCC PROVIDER	1	MO	0	08/01/09			A		07/24/09	392	0	392	EXISTING
2	4	-	ATCR1X	N	HCBS/FE	0		MERIDEN ADULT SERVICES-PLUS IN	24	WEEK	58	07/16/09	07/31/09	29	A		07/24/09	3.38	62.45	196.04	EXISTING
3	4	-	PERMX	N	HCBS/FE	0		STORMONT VAIL HEALTHCARE	1	MO	1	08/01/09			A		07/24/09	26.52	0	26.52	EXISTING
4	4	-	PEMRIX	N	HCBS/FE	0		STORMONT VAIL HEALTHCARE	1	ONCE	1	08/01/09	08/31/09	14	A		07/24/09	56.25	0	56.25	EXISTING
5	4	-	MAWMX	N	HCBS/FE	0		MERIDEN ADULT SERVICES-PLUS IN	1	55 DAYS	1	08/01/09			A		07/24/09	39.37	0	39.37	EXISTING
6	4	-	HMEL		OAA3C2	0		TOPEKA MOW	5	WEEK	25	07/16/09	07/15/10					5.66	0	141.5	EXISTING
7	4	-	ATCR1X	N	HCBS/FE	0		MERIDEN ADULT SERVICES-PLUS IN	24	WEEK	120	08/01/09			A		07/24/09	3.38	45.26	405.6	EXISTING

row(s) 1 - 7 of 7

Save All POC info

EDS Inquiry

Monthly Cost

Refer From [enter]

Refer To [enter]

SMURF, BRAINY - BLUE VALLEY SERVICES

APPROVER NAME - KS DEPT. ON AGING

Case Manager SMURF, BRAINY

SCREEN SHOT of EDS INQUIRY on KAMIS:

(This screen allows CME staff to view the customer's benefit plan eligibility status, client obligation information, and MMIS PA information.)



PRODUCTION Ver 3.0.2.1 2009/07/24@15:34:40 Aging.State.Ks.US New Window Problem Reports
Welcome: USER NAME [12] Logged in at: 2009/07/24@14:55:26 CITRIX

EDS Inquiry EDS/MMIS Error Tracking

EDS PA# and Matching Assessment (if found)

2145921 (UNIFORM ASSESSMENT INSTRUMENT)

Beneficiary ID	Last Name	First Name	MI	Date of Birth	Gender	PA Number	Agency Code	Agency Phone	Reviewer Name
002222222	JETSON	GEORGE	E	11/05/1926	F	320000000000	A90600	785-555-5555	KDOA

Case Manager	Case Manager Name	Case Manager Phone	Level Of Care	Living Arrangement	Divert/Deinstitutionalized
1234	SMURF, BRAINY	785-296-4987	180	HC	DV

Customer Eligibility

Waiver	Effective Date	End Date
Prepaid Inpatient Health Plan	07/01/2007	12/31/2299
Prepaid Ambulatory Health Plan	07/01/2007	12/31/2299
HCBS Frail Elderly	04/29/2005	07/31/2009
Qualified Medicare Beneficiary	01/01/2005	05/31/2005
TITLE XIX (MEDICAID)	12/01/2004	08/31/2009
HCBS Frail Elderly	02/11/2004	03/31/2004
Qualified Medicare Beneficiary	02/01/2004	07/31/2004
HCBS Frail Elderly	01/15/2004	02/10/2004
TITLE XIX (MEDICAID)	01/01/2004	07/31/2004
TITLE XIX (MEDICAID)	08/01/2000	11/30/2000

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Customer Obligation from KAECSES

Effective Date	End Date	Amount
06/01/2009	12/31/2299	212.44
06/01/2008	05/31/2009	0
05/01/2008	05/31/2008	0
03/01/2008	04/30/2008	0
01/01/2008	02/29/2008	0
01/01/2007	12/31/2007	0
12/01/2006	12/31/2006	0
07/01/2006	11/30/2006	173.38
05/01/2005	06/30/2006	0
04/29/2005	04/30/2005	0
01/01/2004	03/31/2004	0

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Customer Obligation Provider Information

Service Provider	Effective Date	End Date	Amount
100070080 A	08/01/2009	12/31/2299	212.44
100070080 A	07/01/2009	07/31/2009	212.44
100070080 A	06/01/2009	06/30/2009	212.44
100070080 A	11/01/2006	11/30/2006	173.38
100070080 A	10/01/2006	10/31/2006	173.38
100070080 A	09/01/2006	09/28/2006	173.38
100070080 A	07/01/2006	08/31/2006	173.38

1 - 7

PA Line Items

Line Item	Service	Authorized Start Date	Authorized End Date	Authorized Units	Authorized Amount	Service Provider	Pricing Method
A	ACCC (ACCC)	03/01/2009	12/31/2299	0	392	100000000 A	4
B	S5130 (ATCR1X)	08/01/2009	12/31/2299	120	405.6	100070080 A	1
B	S5130 (ATCR1X)	07/01/2009	07/31/2009	276	932.88	100070080 A	1
B	S5130 (ATCR1X)	06/01/2009	06/30/2009	313	1057.94	100070080 A	1
B	S5130 (ATCR1X)	03/01/2009	05/31/2009	313	1057.94	100070080 A	1
C	S5161 (PERMX)	03/01/2009	12/31/2299	1	26.52	100377780 A	1
D	S5190 (MAWMX)	03/01/2009	12/31/2299	1	39.37	100070080 A	1

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Total Monthly Cost

Month	Amount
03/2009	1515.83
04/2009	1515.83
05/2009	1515.83
06/2009	1515.83
07/2009	1390.77
08/2009	863.49
09/2009	863.49
10/2009	863.49
11/2009	863.49
12/2009	863.49

row(s) 1 - 10 of 34 Next >

EDS/KAMIS Service IDs Legend

EDS SERVICE ID	KAMIS SERVICE ID
ACCC	ACCC
MFCBB	CBB
MFPTC	TS
MFTCS	TCS
S5101	MADCX
S5125	ATCR2X
S5125 UD	ATCRUD
S5130	ATCR1X
S5135	COMPX
S5160	PEMRX
S5161	PERMX
S5185	MEDRX
S5190	MAWMX
T1001	NUEVX
T2025	MASCX

row(s) 1 - 15 of 16 Next >

Waiver Information

Waiver Indicator	Criteria
SELF-DIRECTED CARE?	N

1 - 1